



RON CHAPMAN, MD, MPH  
Director & State Health Officer

State of California—Health and Human Services Agency  
California Department of Public Health



EDMUND G. BROWN JR.  
Governor

## Change of Address Form

Please fully complete the following information and fax or mail it to this office. Do not e-mail it this form, as we will only accept a change of address with a valid signature.

**Mail to:**  
CDPH-OCP  
MS#7417  
P O Box 997377  
Sacramento, CA 95899-7377

**Fax to:**  
916-449-5654

Please Print All Information Below:

Name: \_\_\_\_\_

Distribution #: \_\_\_\_\_ Treatment #: \_\_\_\_\_

New Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Extension: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

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Signature/Date